



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

October 20, 2017

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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Association soon to announce new membership opportunities:

In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, MACMHB will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

New issue of Connections, centered around the 50th anniversary of the Association, is now available

The latest edition of Connections will be available, in hard copy, at the registration desk at the Association's Fall Conference, with the electronic version available at:

<https://www.macmhb.org/resources/connections>

Below is the announcement, from the editor of the Association's Connections journal, on the most recent issue of Connections.

In this issue we identified the theme, "Celebrating Fifty years – Refining our Vision for the Future". We invited you to describe what you would like our social landscape to look like in another 10, 25 or even 50 years, exploring some of the following questions:

- What needs to change?
- What are the most important principles and values that will guide us?
- What are the obstacles to making those changes?
- How can we overcome them?
- What are the first steps?

The response has been amazing; that's the good news. The not so good news is that the sheer quantity of excellent material has exceeded the limitations for this current issue leading to a decision to dedicate two issues to this theme, requiring a bit of patience on your part.

This MACMHB publication provides the wisdom and stories that reveal what our work is all about. You will be exposed to the voices of a diverse set of committed individuals who are advancing the community mental health movement. Whether they are responsible for legislation, administration, provision of face-to-face services or recipients of those services, together they provide insight as to how we can improve the experience and efficiency of healthcare that enhances our communities. We are profoundly indebted to the individuals who are willing to write down their thoughts. Thank you!

This electronic version is made available to enable sharing. Let's continue to grow our network of care and compassion.

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Employment program at Training & Treatment Innovations, Inc. scores among top in state in fidelity review

Below is a recent press release from Training & Treatment Innovations, a longtime Association member, on their recent receipt of recognition for their implementation of a community inclusion best practice. Congratulations to TTI.

The Individual Placement and Support (IPS) program at Training & Treatment Innovations, Inc. (TTI) received "Exemplary Fidelity" status in a fidelity review conducted in September.

This extensive, two-day review was performed by the Michigan Fidelity and Assessment Team (MiFAST) contracted through the Michigan Department of Health and Human Services. The MiFAST reviewers used a scale divided into three sections – staffing, organization and services – and 26 protocols to determine TTI's score. They also interviewed the IPS team, other TTI employees, and individuals receiving services. TTI ultimately received a score of 116 out of 125, which makes them "exemplary" and puts them among only three teams in the state to score at this level.

In addition to receiving high marks, TTI's IPS team was commended for "passion, dedication, respect and knowledge ... regarding the IPS model." The reviewers also said, "They (IPS) are a strong team that assists individuals in realizing their dreams and capabilities and helps them achieve those dreams."

TTI's IPS program is an evidence-based supported employment model designed to help individuals with mental illness find jobs in the competitive marketplace. IPS tailors employment services to match the person's needs, talents and preferences.

Training & Treatment Innovations, Inc. is a private, not-for-profit organization incorporated in May 1987 and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). TTI provides a variety of services for persons with developmental disabilities, emotional impairments, mental illness and co-occurring substance abuse disorders, and for veterans who are homeless. To receive TTI services individuals must meet eligibility criteria as determined by the county specific community mental health agency or federal funding entity.

DWMHA names new CEO

Below is an excerpt from a recent press release from the Detroit Wayne Mental Health Authority on the hiring of the authority's new CEO.

The CEO Search Committee of the Board of Directors for the Detroit Wayne Mental Health Authority (DWMHA) began a national search in May 2017 through the firm B.E. Smith for a qualified and capable President and CEO to lead our organization. After a thorough search that yielded over 100 candidates, interviews with the top five candidates were conducted over the last five weeks. Panelists included members of our community stakeholders, provider network, advocacy groups, consumers and staff. It was the decision of the CEO Search Committee to present one final candidate as a recommendation for President and CEO.

The DWMHA Board of Directors voted to unanimously accept the CEO Search Committee's recommendation of Willie Brooks as its next President and CEO.

"I am looking forward to working with Mr. Brooks and the experience he brings to our system of care, DWMHA and the role of President and CEO. During this time of transition in community mental health, the strength of Wayne County is vital to the success of Michigan's Community Mental Health System", according to Dr. Herbert C. Smitherman, Jr., DWMHA Board Chairman.

Mr. Brooks comes to DWMHA with extensive knowledge of the Community Mental Health System, strong relationships among local leaders and is well-respected within the provider and advocate community. We are confident that with his experience he will be able to lead our organization as we provide the quality behavioral healthcare that is expected throughout Wayne County.

Congratulations to Willie and the DWMHA Board of Directors

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

House CARES Task Force to review input from Association and the public as it plans course of action

The House CARES Task Force, established by Speaker Tom Leonard and led by Representatives Vaupel and Kesto, with the aim of identifying and addressing a range of mental health needs, with a focus on mental health and corrections issues. The Task Force held regional meetings, in communities across the state over the summer and early fall. The CARES Task Force leadership and staff joined the CMH Association Directors Forum for a dialogue on a range of issues. In follow-up to this meeting and at the request of the CARES leadership, MACMHB submitted, to the CARES Task Force, a set of recommendations, designed to improve the efficacy and efficiency of the system and to

close service gaps. As the CARES Task Force acts on these and other recommendations, the Association will keep Friday Facts readers posted on the Task Force's progress.

Latest on HCBS process and readiness

Heightened Scrutiny process: Now that CMS has approved the state's HCBS transition plan, CMS is requiring a public comment period for changes needed in some of the heightened scrutiny process and the Medicaid manual related to HCBS. The final approval of the state's Transition Plan is expected in December 2017, with the final Medicaid manual change to be implemented in April 2018.

All heightened scrutiny letters will be out, to providers, by October 19. The date of 2021, contained in the letter, is meant to reflect the fact that the completion of the heightened scrutiny review process, by heightened scrutiny timeline. **CMHs, providers, and PIHPs should not take action, as a result of the receipt of the heightened scrutiny letter. Rather, MDHHS and/or MSU will contact the heightened scrutiny sites, to schedule site reviews in February 2018.**

The public will see the list of heightened scrutiny sites, to allow for public comment, but still protecting health information and consumer confidentiality. Given that the heightened scrutiny sites reflect only the Hab Waiver consumers, public comment will be sought on other sites that may come under heightened scrutiny when this process is expanded to 1915 b consumers.

The heightened scrutiny advisory group is being formed now, with the applications of those who have indicated an interest in being a member of this advisory group being reviewed now. The group will meet, for the first time, in January 2018, and will review both MIChoice and Hab/b waiver heightened scrutiny sites.

AFC licensing-related issues: LARA and a number of statewide organizations are working, in parallel but separate efforts, on legislation that would allow a residential setting, in which 1 to 4 unrelated individuals who are receiving support services, and are served through the CMH/PIHP system, to operate without an AFC license. LARA is moving their bill through the House. LARA and other organizations are moving their bill through the Senate. LARA is proposing that sites in which 3 or 4 persons live would need to apply for an exemption to the AFC licensing requirement. LARA, MACMHB, and other organizations do not support the proposed requirement for an exemption to be requested, but that these sites would be exempt from AFC licensing requirements without having to file for an exemption. MACMHB and its allies, LARA, Arc Michigan, and others, will be strongly advocating for the passage of these bills, without the need for an exemption application process.

HCBS tool kit updated

A number of the members of the Michigan Assisted Living Association (MALA), MARO, and the Michigan Association of Community Mental Health Boards (MACMHB) – from those who are nearly HCBS ready to those who are starting their HCBS readiness efforts - have asked for guidance in locating key resources as they work to ensure the readiness of their organizations, consumers, and stakeholders to make the changes required as Michigan implements its Home and Community Based Services HCBS) rules changes.

In response to this request, a HCBS tool kit, developed by the Michigan Assisted Living Association (MALA), MARO, and the Michigan Association of Community Mental Health Boards (MACMHB), was developed a few months ago. It is designed to assist residential and non-residential providers, CMHs, and PIHPs in making the changes required by Michigan's Home and Community Based Services Transition plan.

The **tool kit has recently been updated** with materials related to the requirements that new providers who come on line after October 1, 2017, will have to meet in order to provide Medicaid funded HCBS services.

The updated HCBS tool kit and related materials can be found at the following webpage within the Association's website:

<https://www.macmhb.org/Information/michigan%E2%80%99s-home-and-community-based-services-hcbs-transition-toolkit>

Study: U.S. health care denials on rise

Below is an excerpt from a recent Detroit News story on the recently released study that found a significant rise in the number of denials of healthcare requests by health insurance companies and pharmacy benefits managers.

Americans increasingly are denied access to treatment by health insurers or pharmacy benefit managers who rely on techniques like prior authorization or step therapy to limit patient's treatment options, according to a report released Monday.

The Washington, D.C.-based Doctor-Patient Rights Project reviewed research, patient polls, academic literature and primary-source materials such as insurance companies' prior authorization forms to learn more about how insurers' "utilization management" methods affect patient treatment.

The study, titled "Access Denied," (which can be found at: <https://doctorpatientrightsproject.org/dprreports/access-denied-how-utilization-management-protocols-can-block-access-to-life-saving-treatments/>) found that insurance companies have increased their use of utilization management techniques that are designed to save money — but can sometimes result in negative health outcomes that increase costs down the road.

The nonprofit Doctor-Patient Rights Project is a coalition of doctors, patients and advocacy groups fighting to increase health care access for those with hard-to-treat chronic illnesses.

The full article can be found at:

<http://www.detroitnews.com/story/life/wellness/2017/10/16/health-care-access/106698982/>

MDHHS effort to improve access to inpatient psychiatric care continues to move ahead

MDHHS formed the Michigan Inpatient Admission Discussion (MIPAD) to address problems, faced in communities across the state, relative to access to needed inpatient psychiatric care. This Association (and a number of its members), the Michigan Hospital and Healthcare Association (MHA), the Michigan Council on Maternal and Child Health (MCMCH), the Michigan Association of Health Plans (MAHP), and others serve on the MIPAD group and on its steering committee. The group is using earlier work of this Association, MHA, and MCMCH as a template for moving forward. Recommendations are due out from this group in late 2017 and/or early 2018

MPS and MACMHB strengthen partnership

The Michigan Psychiatric Society (MPS) and this Association have recently worked on strengthening the partnership between these two organizations. With much in common, such a partnership is a natural development. This Association's staff spoke at a MPS Board in mid-August with agreement to develop a draft common agenda which will come before this Association's Executive Board or Steering Committee and the MPS Board of Directors for review within the next few months.

MACMHB and partners join school based health care initiative led by SCHA-MI

A partnership led by the School Community Health Alliance of Michigan (SCHA-MI), and involving this Association, the Michigan Association of Health Plans (MAHP), Michigan Council of Maternal and Child Health (MCMCH), MDHHS, and MDOE, has recently been launched with the aim of strengthening and expanding school-based healthcare including behavioral health services. This Association is working with the Financing Workgroup to find ways to finance, with new federal Medicaid and existing State General Fund dollars, school-based mental health services.

Effort to provide supportive housing to bolster opioid treatment

A partnership of this Association, led by the Michigan Association of Treatment Court Professionals, and including MSHDA, MDHHS, and others formed to develop a supportive housing program, in three pilot communities, to support the recovery and stability of persons, with opioid addictions, under the jurisdiction of a treatment court. This project, based on others across the country, holds real promise for supporting the recovery of persons with opioid addictions, and sets the stage for the identification of practices that can be learned in these pilots and applied statewide.

Get America Covered announces efforts to protect and expand healthcare coverage

Several former Obama administration officials have started a group called “Get America Covered,” and it has published an online guide for volunteers. Now is a good time to get involved, because open enrollment starts next month. “We need your help spreading the word,” tweet. The online guide can be found at: <https://medium.com/get-america-covered/how-can-i-help-get-america-covered-453d89e285dd>

Congressional committee underscores value of Medicare

The United States Congress Joint Economic Committee recently released “Top Ten Facts on Medicare”. The short paper is reprinted below

For over 50 years, Medicare has provided health coverage to seniors and people with disabilities, enabling them to lead healthy lives and receive the care they need. Unfortunately, rather than taking steps to strengthen Medicare, the Republican budget cuts nearly \$473 billion from Medicare over the next ten years.

1. **Health Care Coverage:** Medicare provides comprehensive health coverage to 47.8 million seniors. Traditional Medicare enrollees get an average annual benefit of \$10,500 and the peace of mind of knowing that their health care will be there when they need it.
2. **Earned Benefit:** Americans earn Medicare by paying into the program through payroll taxes. Nearly half of Medicare revenue is generated through payroll taxes and premiums.
3. **Cost-Effective:** Medicare’s costs rise slower than private insurance. From 2010 to 2016, growth in Medicare per capita spending was 1.3 percent, compared to 3.5 percent for private insurance.
4. **Seniors in Need:** Medicare provides coverage to those living on modest means. Half of Medicare beneficiaries have incomes below \$24,150 and half have less than \$63,350 in lifetime savings.
5. **People with Disabilities:** Medicare provides health coverage to 9 million people with disabilities of all ages.
6. **Prescription Drugs:** Medicare Part D provides prescription drug coverage to 42 million people. When it began, Part D saved up to 26,000 lives in the first year and a half alone.
7. **Chronic Conditions:** Medicare serves a population with significant health needs. Two-thirds of the Medicare population have three or more chronic conditions.
8. **Preventive Health:** Medicare provides free preventive health screenings, which can save money and lives.
9. **Women’s Health:** Medicare is critical to the financial security for older women. Women on Medicare age 65 and older have median incomes that are roughly 20 percent lower than men. Two-thirds of Medicare beneficiaries age 85 and older are women and older women are more likely than older men to have three or more chronic conditions.

10. **Rural Hospitals:** Rural hospitals are economic engines of their communities. Since rural hospitals depend on Medicare for half of their revenue, cutting Medicare could force more rural hospitals to close and devastate surrounding communities.

National Council issues call for presentations

Below is the recent call for presentations and speakers for its Annual Conference in April 2018.

NatCon – the National Council Conference – offers the most provocative and relevant speakers and educational offerings in behavioral health. Our more than 5,000 attendees expect the very best – and they get it.

We are currently accepting speaker and topic submissions. If you are interested in presenting, please submit a proposal by December 8, 2017.

The selection process is highly competitive and National Council members receive special consideration. We are particularly interested in proposals that:

- Are relevant to treatment organizations
- Inspire action
- Provide diverse approaches via real-life case studies
- Reflect evidence-based practices
- Are replicable

For more information visit the Call for Presentations page. At:

<https://www.conferenceabstracts.com/cfp2/loginCustom.asp?EventKey=JHBLZFGJ&UserEmail=&UserPassword=&User=&memberID>

This is your chance to showcase your organization's success in improving the lives of people living with mental illnesses and substance use disorders.

Visit last year's program at: https://natcon18.thenationalcouncil.org/wp-content/uploads/2017/09/natcon17-final-program-1_compressed.pdf

for inspiration and remember, the deadline for submissions is December 8, 2017.

National (Miami) Conference to Focus on the Intersection of Behavioral Health and Criminal Justice

Below is the recent announcement of the upcoming conference, sponsored by the Institute for Behavioral Healthcare Improvement (IBHI) with support from the Mental Health Foundation on mental health and corrections:

As communities across the nation struggle to divert individuals with behavioral health challenges from jails and emergency rooms and into the help they really need, there are inspiring examples that show progress made possible.

The Institute for Behavioral Healthcare Improvement (IBHI) with support from the Mental Health Foundation, is proud to showcase the remarkable progress that can be achieved when community leaders and other stakeholders work together to better coordinate efforts and integrate programs. IBHI's second national conference, **Progress Made Possible: Better Outcomes at the Intersection of Behavioral Health and Criminal Justice**, will be held in Miami, FL. December 3-5, 2017.

"Relief for jail overcrowding, better outcomes for individuals suffering with behavioral health and substance abuse conditions, and improvements in the community's quality of life are just some of the benefits from a shared focus on evidence based practices," said Stuart Buttlire, President of the IBHI Board of Directors.

The program will feature the Hon. Steven Leifman, Associate Administrative Judge, Miami-Dade County, who has earned national recognition for his tireless reform work to bring people together to improve Florida's criminal justice and behavioral health systems. His keynote address and other program presentations will highlight Miami's story. It is an example of what is possible with a city's dedication and hard work to improve conditions and help people. The conference will also provide opportunities for participants to tour facilities and ride-along with Crisis Intervention Teams.

"We can learn so much from each other and this conference will provide the opportunity for some candid conversation and perspective from people who are addressing these difficult issues on the front lines every day," said Judge Leifman. "I hope people from across the country will join us and help make a stronger impact,"

The program is targeted at public officials, public safety leaders, behavioral health advocates and providers. Sessions covering a range of Best Practice experiences from communities across the country will also be featured including presentations from representatives of the National Association of Counties and the International Association of Chiefs of Police.

IBHI is a not-for-profit organization focused on promoting the use of evidence based practices to improve outcomes for people, families and communities facing the challenges of behavioral health problems. The Mental Health Foundation is also a not-for-profit organization with a mission to support best practices that help end stigma associated with behavioral health.

For full information and registration visit www.ibhi.net or www.mentalhealthfoundation.net

2017 PAC Campaign Update

Earlier this year we announced our 2017 CMH PAC campaign with the goal of increasing member participation. This year's campaign exceeded last year's contribution levels, but participation remained about the same. Last month we held the drawing for the Detroit Tiger box suite tickets donated by Muchmore Harrington Smalley Associates and the winner was... Lapeer CMH.

Congratulations to Lapeer CMH and thank you to all who generously contributed to the CMH PAC.

Just because the Tiger drawing has been completed does not stop the need for CMH PAC support. If you would still like to support our PAC efforts please mail your contribution to our office, below are the details:

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

MACMHB ANNUAL FALL CONFERENCE

Today is the last day for the Earlybird Conference Rate – make sure you don't miss this conference! MACMHB's Fall Conference, "Honor The Past...Treasure The Present...Dream the Future," takes place on October 23 & 24, 2017 at the Grand Traverse Resort in Traverse City, Michigan. The conference will feature 4 powerful keynote speakers, 34 workshops, exhibitors and networking opportunities.



Lynda Zeller is deputy director for the Behavioral Health and Developmental Disabilities at the Michigan Department of Health and Human Services. This position provides policy leadership for public behavioral health and developmental disabilities services, and exercises executive and administrative direction and oversight for operations through the Bureau of Community Based Services, Bureau of Hospitals and Administrative Operations, and the Children and Adults with Autism Spectrum Disorders Section. Zeller has more than 27 years of experience in the field of

behavioral health, serving seriously mentally ill adults, seriously emotionally disturbed children, persons with developmental disabilities and those with substance use disorders. She has served in executive positions with various health care and non-profit agencies. Most recently, she served as the Health Services administrator for the Michigan Department of Corrections, which included all health, behavioral health and dental services for the state's correctional system.



Nick Lyon brings a wealth of policy, budget, and department operations expertise to his role as director of the Michigan Department of Health and Human Services (MDHHS). Lyon was named to the position effective April 10, 2015 by Gov. Rick Snyder when he created the new agency in February of 2015 by Executive Order. MDHHS is a merger of the former Michigan Departments of Human Services (DHS) and Community Health (MDCH). Previously, Lyon had served as MDCH director beginning in September 2014, when Gov. Snyder selected him to succeed James K. Haveman. The governor also appointed Lyon as interim DHS director to succeed Maura Corrigan, who retired Dec. 31, 2014. Prior to becoming MDCH director, Lyon served as the agency's chief

deputy director beginning in 2011. In this role, he upheld the mission of the MDCH by overseeing the day-to-day operations of all of the department's administrations including Medical Services, which oversees the Michigan Medicaid program; Public Health; Behavioral Health and Developmental Disabilities; Policy and Planning; and Operations. Lyon brings leadership experience overseeing daily departmental operations, as well as representing the department with various stakeholders, the Michigan legislature, and community partners to his role as Director. He also oversees the department's interactions with the Office of Recipient Rights, the Michigan Developmental Disabilities Council, the Health and Human Service Office of Inspector General, the Autism Council, the State Child Abuse and Neglect Prevention Board, and the Human Trafficking Health Advisory Board. Lyon is a 1990 graduate of Yale University where he earned a Bachelor of Arts degree in Economics and Political Science.



Jay Rosen was one of three founders of HMA in 1985 and today, as HMA president, continues to directly engage in shaping the strategic vision for the firm, leading its growth, serving clients and inspiring innovation across the spectrum of publicly funded health care programs. An industry thought leader and change agent for more than 30 years, Jay is a nationally recognized expert in health policy, health economics and health finance. He directs a variety of major projects for public and private sector clients. He is uniquely adept at spotting health care trends and translating his insights into patient-centered solutions that also make good business sense. Prior

to launching HMA, Jay served for many years as the director of planning and policy development for the Michigan Office of Health and Medical Affairs. Jay supervised health policy research and analysis and is credited with pioneering new approaches to hospital capacity reduction, certificate of need, physician supply planning and medical school enrollment. Jay also founded and is managing director of HMA Capital Partners, a private equity firm that invests in early stage health care companies with business prospects centering around publicly financed health care programs.



Alyson Beytien is a popular speaker, trainer and mother of 3 sons with autism. She does training and consulting throughout the U.S. and Canada. Alyson is a Board Certified Behavior Analyst (BCBA) and has a Masters degree in Autism Spectrum Disorders from the University of Kansas. Alyson is a Behavior Analyst for Hills and Dales in Dubuque, IA where she is involved in diagnosis, assessment, intervention and training. She is the author of "Autism Everyday" which received the 2012 Literary Work of the Year from the Autism Society of America. Alyson is cheerfully addicted to Diet Coke, loves to quilt and read, and is trying to learn the meaning of the word "relax."

MORE CONFERENCE DETAILS in the full brochure: <https://www.macmhb.org/save-the-date/2017-macmhb-fall-conference-registration-open>

EARLYBIRD DEADLINE: OCTOBER 13, 2017! CLICK HERE TO REGISTER:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5018&AppCode=REG&CC=117091903651>

LEGISLATIVE UPDATE

298 Update

Last week the Michigan Department of Health and Human Services announced that the University of Michigan was selected as the project evaluator for the Section 298 Initiative. In late August MDHHS announced that Michigan Public Health Institute was selected as the project facilitator. The Michigan Public Health Institute will provide support to the department with supporting stakeholder discussions and managing the development and implementation process. Jo Anna Trierweiler will serve as the main project facilitator, and Jane Pilditch will serve as the co-facilitator.

The next phase of the Section 298 Initiative will consist of four components, which are outlined below.

- Developing the pilots
- Developing the demonstration model
- Developing an evaluation plan
- Analyzing the policy recommendations from the final workgroup report

For more information about the project evaluator and next steps for the Section 298 Initiative, please visit the project webpage at www.michigan.gov/stakeholder298. The department will continue to provide updates as the initiative progresses. If you have specific questions about the initiative, please send an email to MDHHS-298@michigan.gov.

NATIONAL UPDATE

CHIP Reauthorization Deadline Passes, Congress Still Yet to Vote

Federal funding for the Children's Health Insurance Program (CHIP), which currently provides comprehensive health coverage to roughly 9 million children and pregnant women, expired on September 30. While reauthorization bills have been discussed in both the House and the Senate, none have yet been passed. States are now working to cover the program's entire cost without federal support until Congress approves reauthorization and President Trump signs it into law.

PROPOSALS IN THE WORKS

Last week, a [bipartisan proposal](#) (S.1827) that would extend funding for CHIP for five years was passed by the Senate Finance Committee, and awaits a vote by the whole chamber. "As we know, federal CHIP funding expired last week," said Senator Orrin Hatch (R- UT), chairman of the Senate Finance Committee. "And while states and DC have funding leftover to help them get into FY18, it is still paramount that we act quickly both here in committee and through the next steps in the process to ensure eligible children do not go uninsured once federal funding is exhausted."

A similar bill in the House has stalled following Democratic pushback to some mechanisms introduced by Republicans that would take money from the Affordable Care Act and charge higher premiums to certain Medicare recipients to offset costs. House Energy and Commerce Chairman, Greg Walden (R-OR), has delayed floor consideration of the bill "in hopes of reaching a bipartisan agreement on offsets."

Any differences between the House and Senate versions of CHIP reauthorization legislation must be reconciled via conference committee before being sent to President Trump for his signature.

MEANWHILE, IN THE STATES

According to [recent analysis](#) by the Kaiser Family Foundation, the majority of states will run out of funding for CHIP by March 2018, with some exhausting their resources as early as this month.

Minnesota and Utah are two states that will be hard-pressed to continue their programs under current conditions now that federal funding has lapsed. These states will have to take “extraordinary measures” to continue providing coverage, or may choose to drop coverage for pregnant women altogether. The more time that passes before Congress reaches a decision, the more states will have to rethink their CHIP programs, and potentially drop important provisions for our nation’s children.

New Bipartisan Health Plan Would Keep ACA Subsidies

On Tuesday, Senate Health, Education, Labor and Pensions (HELP) Committee leaders Lamar Alexander (R-TN) and Patty Murray (D-WA) unveiled a bipartisan proposal to stabilize the individual insurance market through 2019. The deal follows President Trump’s announcement that his administration would no longer make cost-sharing reduction (CSR) payments to insurers. The Alexander-Murray plan would restore this funding and bring market-based reforms and new flexibility to the states. The future of this bill is uncertain in the wake of conflicting comments from President Trump and negative reaction from some members of the House of Representatives.

While the exact bill language has yet to be released, the major provisions of the bill appear to consist of:

FUNDING FOR COST-SHARING REDUCTION SUBSIDIES

The most significant piece of the agreement is continued funding for the CSR subsidies that President Trump last week said he would no longer pay. These subsidies lower out-of-pocket costs for low-income individuals who purchase insurance through an Affordable Care Act (ACA) marketplace exchange. Without these payments, insurers would likely be forced to significantly increase premiums or pull out of the exchanges altogether. The National Council supports the continuation of the cost-sharing subsidies to help individuals with mental illness and addiction access to affordable health coverage.

CHANGES TO SECTION 1332 WAIVERS

In an effort to offer more flexibility to the states, the bill would make changes to section 1332 waiver process. Note that these waivers can only impact the individual and small group markets, they do not affect state Medicaid programs (see the National Council’s 1332 Waiver Fact Sheet [here](#)).

- **Streamlining approval** – The deal would allow governors to unilaterally apply for waiver approval instead of first having the state legislature approving authorizing legislation. The timeline for federal approval of waiver applications would be cut in half from 180 days down to 90, and a fast-tracked approval process would be available both for emergency waivers and for those that are modeled on another state’s successful application. Additionally, the length of waiver programs would be extended to from five years to six years, and it would be more difficult for future administrations to cancel previously approved demonstrations.
- **Affordability guardrail relaxed** – The current section 1332 requirement that state waiver coverage is “as affordable as” ACA-based coverage would be changed so that proposals need only have “comparable affordability” with such plans. Importantly, protections for patients with pre-existing conditions and the essential health benefits requiring coverage for mental health and addiction services would remain intact.

OTHER CHANGES

- Catastrophic “Copper” Plans – Under the proposal, so-called Copper plans providing catastrophic coverage (meaning they have the maximum allowable deductible under the ACA) would be available to consumers of all ages, not just those under 30 as is currently the law.
- Interstate Health Insurance Compacts – The legislation would compel the U.S. Department of Health and Human Services (HHS) to issue additional regulations or guidance for states around the ACA’s Section 1333 provision regarding the creation of “health care choice compacts” to sell insurance across state lines. So far, HHS has not taken meaningful steps to implement the program.
- Funding for Consumer Outreach – The plan proposes to restore \$106 million in funding to states for ACA consumer outreach efforts. If a state fails to use the funding, the federal government would be obligated to allocate their portion to enrollment advertising in that state.
- Funding for State Reinsurance Programs – Finally, the package would authorize funding for new state reinsurance policies that would subsidize expenses for higher cost or chronically ill enrollees.

LEGISLATIVE OUTLOOK

Thus far, the Alexander-Murray plan has been endorsed by Senate Minority Leader Chuck Schumer (D-NY) while President Trump has sent mixed messages regarding his support of the bill. Unlike earlier health reform efforts, this bill will need to garner the votes of 60 senators for passage, which is possible given its strong bipartisan support. Thus far, the bill has 11 Republican co-sponsors and 11 Democratic co-sponsors. Some have speculated that the bill may be rolled into an end-of-year package of must-pass health care policies, including the Children’s Health Insurance Program reauthorization, community health center funding, and Medicare extender provisions.

MACMHB committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

A REMINDER TO VOTING DELEGATES, EXECUTIVE BOARD MEMBERS, AND CMH AND PIHP BOARD CHAIRPERSONS: NEW SCHEDULE FOR ASSOCIATION MEETINGS AT FALL CONFERENCE

Starting at this past Spring’s Association conference, THE ASSOCIATION’S MEMBER ASSEMBLY, BOARD CHAIRPERSONS ROUNDTABLE, AND EXECUTIVE BOARD MEETINGS ARE BEING HELD AT DIFFERENT TIMES AND DATES THAN IN PAST YEARS. These meetings, at the upcoming Fall Association Conference, and at every spring and fall Association conference in the future, will be held at the following new day (the day before each conference in the spring and fall) and new times:

Sunday, October 22, 2017

2:00pm – 6:15pm:

Earlybird Registration for MACMHB Fall Conference (so that those participating in the Board Chairperson’s Roundtable, Executive Board and Member Assembly can register prior to those meetings, if they find this helpful)

3:00pm – 3:40pm

CMH/PIHP Board Chairperson Roundtable & Networking

4:00pm – 5:30pm

Executive Board Meeting

5:40pm – 6:15pm

Member Assembly Meeting

Have a Great Weekend!